

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name MARTHA FULLER CLARK

Work Address State House, Room 302 107 N. Main St
Concord, NH 03301

Primary Occupation _____ e-mail *optional _____

Work Phone (603) 271-4152

Name of office, appointment, or employment with government

State Senate

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

1. BRAINTREE LABORATORIES 60 Colombian St W Braintree, MA 02184

2. _____

3. _____

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JAN 30 2009

If you have no qualifying income indicate by writing your initials next to the following statement:

My income does not qualify _____

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business										
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords			<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment				
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging			<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 14. Education		<input type="checkbox"/> 15. Water Resources	<input type="checkbox"/> 11. Practice of law	
12. Any business regulated by the Public Utilities Commission										
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. taxes:	<input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> Interest and Dividends Tax	18. Optional: Specify any other area in which you have a special interest --					

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Signature of Reporting Individual Martha Fuller Clark Date 1/30/09

GLW